

<b>Case Number:</b>	CM15-0087379		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	03/29/2007
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 38 year old man sustained an industrial injury on 3/29/2007 after loading materials on a truck. Evaluations include lumbar spine MRIs dated 7/19/2012 with contrast and 6/20/2011 without contrast. Diagnoses include lumbar degenerative disc disease and right hand pain. Treatment has included oral medications and surgical intervention. Physician notes dated 1/13/2015 show complaints of low back and right hand pain with radiation up the right forearm and own the right leg to the knee. Recommendations include psychological clearance for spinal cord stimulator, MS Contin, Oxycodone IR, Soma, and neurosurgeon consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Soma 250 mg Qty 90, (take 1 tab 3 times per day, every 8 hrs): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 29.

**Decision rationale:** According to MTUS guidelines, a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. According to the provided file, the patient was prescribed Soma for a long time without clear evidence of spasm or functional improvement. There is no justification for prolonged use of Soma. The request for Soma 250mg #90 is not medically necessary.